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PTO/SB/05 (11-00)

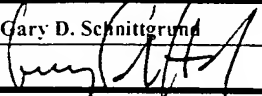
Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|------------------------|---|
| UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small> | Attorney Docket No. | SI11-USA |
| | First Inventor | Greenberg, et al. |
| | Title | Implantable Microfluidic Delivery System Using Ultra... |
| | Express Mail Label No. | EL 516 675 959 US |

| APPLICATION ELEMENTS | ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, D.C. 20231 |
|---|--|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | 8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> |
| 3. <input checked="" type="checkbox"/> Specification <i>(Total Pages 16)</i> <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings <i>(if filed)</i>- Detailed Description- Claim(s)- Abstract of the Disclosure | a. <input type="checkbox"/> Computer Readable Form (CRF) |
| 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <i>(Total Sheets 1)</i> | b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper |
| 5. Oath or Declaration <i>(Total Pages 2)</i> <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i><ul style="list-style-type: none">i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). | c. <input type="checkbox"/> Statements verifying identity of above copies |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 | |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit _____ For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. | |
| 19. CORRESPONDENCE ADDRESS | |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label  or <input type="checkbox"/> Correspondence address below <i>(Insert Customer No. or Attach bar code label here)</i> | |
| Name Second Sight, LLC 28284 PATENT, TRADEMARK OFFICE | |
| Address P.O. Box 905 | |
| City Santa Clarita | State CA Zip Code 91380-9005 |
| Country USA | Telephone (661) 775-3995 Fax (661) 775-1595 |

| | |
|---|---|
| Name (Print/Type) Gary D. Schnitger | Registration No. (Attorney/Agent) 42.130 |
| Signature  | Date 10/26/2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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10/635633
06/05/03

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|---|---|
| UTILITY PATENT APPLICATION TRANSMITTAL (New Nonprovisional Applications Under 37 CFR § 1.53(b)) | Attorney Docket No. S111-DIV1 |
|---|---|

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of () application identifier or (X) first named inventor, Robert Greenberg, entitled Implantable Microfluidic Delivery System Using Ultra-Nanocrystalline Diamond Coating, for a(n):

() Original Patent Application.

(X) Continuing Application (prior application not abandoned):

() Continuation (X) Divisional () Continuation-in-part (CIP)

of prior application No: 10/046,458 Filed on: 10/26/2001.

() A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification; 4 Total Pages.

(X) Drawing(s); 0 Total Sheets.

(X) Oath or Declaration:

() A Newly Executed Combined Declaration and Power of Attorney:

() Signed.

() Unsigned.

() Partially Signed.

(X) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

(X) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

() Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

() Power of Attorney.

(X) Return Receipt Postcard.

() Associate Power of Attorney.

() A Check in the amount of \$ _____ for the Filing Fee.

(X) Preliminary Amendment.

(X) Information Disclosure Statement and Form PTO-1449.

(X) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

() A Certified Copy of Priority Documents (if foreign priority is claimed).

(X) Applicant claims small entity status.

() Other: _____

| CLAIMS AS FILED | | | | |
|---|-----------|-----------|---------|-----------|
| FOR | NO. FILED | NO. EXTRA | RATE | FEE |
| Total Claims | 5 | 0 | \$9.00 | \$ 0.00 |
| Independent Claims | 1 | 0 | \$42.00 | \$ 0.00 |
| Multiple Dependent Claims (if applicable) | | | | \$0.00 |
| Assignment Recording Fee | | | | \$0.00 |
| Basic Filing Fee | | | | \$375.00 |
| Total Filing Fee | | | | \$ 375.00 |

Charge \$375.00 to Deposit Account 50-0922 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to this Deposit Account.

Respectfully submitted,

By: _____

Gary Schnittgrund, Attorney of Record,
Reg. No.42,130

Date:

Correspondence Address:

Second Sight Medical Products, Inc.
12744 San Fernando Road Building 3
Sylmar, CA 91342
Phone: (818) 833-5071
Fax: (818) 833-5080

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR § 1.10 on the date indicated below and is addressed to:

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | -- |
| Filing Date | -- |
| First Named Inventor | Greenberg, et al. |
| Examiner Name | -- |
| Group Art Unit | -- |
| Attorney Docket No. | S111-USA |

TOTAL AMOUNT OF PAYMENT**\$527.00****METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **50-0922**

Deposit Account Name **Second Sight, LLC**

- ☒ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

- ☒ Applicant claims small entity status. See 37 CFR § 1.27

2. ☐ Payment Enclosed:

☐ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|-----------------|
| 101 740 | 201 370 | Utility filing fee | 370.00 |
| 106 330 | 206 165 | Design filing fee | |
| 107 510 | 207 255 | Plant filing fee | |
| 108 740 | 208 370 | Reissue filing fee | |
| 114 160 | 214 80 | Provisional filing fee | |
| SUBTOTAL (1) | | | \$370.00 |

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|---------------|
| 33 | -20** = 13 | X 9.00 = | 117.00 |
| Independent Claims | 3 | -3** = 0 | X 0.00 = 0.00 |
| Multiple Dependent | | 0.00 = | 0.00 |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|-----------------|
| 103 18 | 203 9 | Claims in excess of 20 | |
| 102 84 | 202 42 | Independent claims in excess of 3 | |
| 104 280 | 204 140 | Multiple dependent claim, if not paid | |
| 109 84 | 209 42 | ** Reissue independent claims over original patent | |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent | |
| SUBTOTAL (2) | | | \$117.00 |

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet | |
| 139 130 | 139 130 | Non - English specification | |
| 147 2,520 | 147 2,520 | For filing a request for <i>ex parte</i> reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | |
| 116 400 | 216 200 | Extension for reply within second month | |
| 117 920 | 217 460 | Extension for reply within third month | |
| 118 1,440 | 218 720 | Extension for reply within fourth month | |
| 128 1,960 | 228 980 | Extension for reply within fifth month | |
| 119 320 | 219 160 | Notice of Appeal | |
| 120 320 | 220 160 | Filing a brief in support of an appeal | |
| 121 260 | 221 140 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,280 | 241 640 | Petition to revive - unintentional | |
| 142 1,280 | 242 640 | Utility issue fee (or reissue) | |
| 143 460 | 243 230 | Design issue fee | |
| 144 620 | 244 310 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Processing fee under 37 CFR § 1.17(q) | |
| 126 180 | 126 180 | Submission of Information Disclosure Statement | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | 40.00 |
| 146 740 | 246 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| 149 740 | 249 370 | For each additional invention to be examined (37 CFR § 1.129(b)) | |
| 179 740 | 279 370 | Request for Continued Examination (RCE) | |
| 169 900 | 169 900 | Request for expedited examination of a design application | |
| Other fee specify | | | |

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)**\$40.00****SUBMITTED BY**Name (Print/Type) **Gary D. Schmittgrund**Registration No. **42,130**

(Attorney Agent)

Complete (if applicable)Telephone **(661) 775-3995**

Signature

Date

10/26/2001

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